PLACE OF BIRTH County of	ARIZONA STATE BUREAU OF VITAL STATISTICS	State Index No.
District of	ORIGINAL CERTIFICATE OF BIR	RTH Co. Register No. 4714
Town of or City of	(No	Local Registrar's NoWard)
- The state of the	mental Report on blank obtainable from l	local registrar. Born YES
Sex of Twin, Triplet Other or other	/ Marsalana	Date of
Name  Vernon Crabe  Residence	Full Maiden Name	MOTHER
Color or Race hite Age at Birtho	last Color or Race (Years)	Age at last 77 Birthday 17
Birthplace  FIGW LEXICO  Occupation  Chauffour	Birthplace ULODO Occupation	(Years)
Number of child of this mother Number of Child		taken against Ophthalmia neocatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of the above child; and that it occurred on FUE • 15, 19121, at 2. M.		
cian or midwife, then the householde should make this return.	i-) ir (Signature)(Attendia	g physician, midwife, householder.*).
Given or Christian name added from supplemental report	Address	Stobers
475-815-37/ COUNTY REGISTRAR.	Filed Copy	COUNTY REGISTRAR.